



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New	Vendor Code		Dept.		Contract Number	
<input type="checkbox"/> Change	VISTAPA178		SC	MLH	A 02-520 A-1	
<input type="checkbox"/> Cancel						
County Department			Dept.	Orgn.	Contractor's License No.	
Behavioral Health			MLH	MLH		
County Department Contract Representative			Telephone		Total Contract Amount	
Johnnetta Gibson			(909) 387-7747		\$ 1,077,273	
Contract Type						
<input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:						
If not encumbered or revenue contract type, provide reason:						
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount	
		07/01/2002	6/30/2003	\$ 587,716	\$ 489,557	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
AAA	MLH	MLH	200	2445		\$ 1,077,273
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Project Name			Estimated Payment Total by Fiscal Year			
Negotiated Rate			FY	Amount	I/D	
Institute of Mental			02/03	\$ 489,557	1	
Disease						
Contract Type – 2B						

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name
Vista Pacifica

Address
3674 Pacific Avenue

Riverside, CA 92509

Telephone
(909) 682-4833

Federal ID No. or Social Security No.
33-0294178

hereinafter
called Contractor

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

IN THAT CERTAIN Agreement #02-520 between the County of San Bernardino, a political subdivision of the State of California, and Vista Pacifica, which Agreement first became effective July 1, 2002, the following changes are hereby made and agreed to:

- I. Article III Performance, paragraph A is hereby amended to read as follows:
 - A. Contractor shall provide up to a total of 8,443 patient bed days of Institute of Medical Disease (IMD) Services at negotiated rates for consumers who have behavioral problems that require more specialized services and whose functioning level is too low to be maintained in a Board and Care facility, which are further described in the attached Schedule A and Addendum I. Of those 8,443 patient days, 6,419 days may be at the Basic Level, 556 may be at Level A, 1,356 at Level B and 112 at Level C.

II. Article IV Funding is hereby amended to read as follows:

The maximum financial obligation of the County under this agreement shall not exceed the sum of One Million Seventy Seven Thousand Two Hundred Seventy Three Dollars (\$1,077,273), which includes the share of cost which Contractor is required to collect pursuant to Article V Payment.

III. Article V Payment, Paragraph A, is hereby amended to read as follows:

- A. County agrees to pay Contractor One Hundred Twenty Dollars and Ninety Three Cents (\$120.93) or the State of California Department of Health Services (DHS) approved rate for basic IMD services per patient day for basic IMD consumers each day each County authorized consumer is in the Contractor's facility. Additionally, the County agrees to pay Contractor the following patch rate per patient day based on the consumer's need for service:

1. Level A: \$10.00 per day, up to a total of 556 patient days
2. Level B: \$30.00 per day, up to a total of 1,356 patient days
3. Level C: \$90.00 per day, up to a total of 112 patient days

Care Levels A, B, and C are defined in Addendum I of this agreement. The per patient day rate times the number of days utilized by consumers in the program will determine the maximum contract obligation to Contractor for basic IMD services. At the current \$120.93 rate, the maximum agreement amount is not expected to exceed One Million Seventy Seven Thousand Two Hundred Seventy Three Dollars (\$1,077,273).

IV. Addendum I, Section I Program Description, Paragraph A, is hereby amended to read as follows:

- A. Provide up to 8,443 patient days at a negotiated rate to treat consumers whose functioning level is too low to be maintained in a Board and Care facility, and/or who have medical and/or behavioral problems that require more specialized services. The DBH Adult System of Care (ASOC) Long Term Care Clinic (LTC) Case Manager will conduct admissions, discharges, and will approve the treatment to be provided to each consumer. The Contractor will be required to establish "Discharge Groups" for all consumers admitted to the facility. The "Discharge Group" will include the ASOC LTC Case Manager, facility treatment staff, family members and any other organization representative(s) who can contribute information regarding consumer's needs.

V. Addendum I, Section III Contractor Shall:, Paragraph A, is hereby amended to read as follows:

A. Provide for the use of up to a total of 8,443 patient days for Department of Behavioral Health patients at Vista Pacifica including all utilities, water, garbage collection, etc.

VI. This amendment replaces Schedule A, dated April 1, 2002, with revised Schedule A dated, April 23, 2003, which serves as the planning estimate for the funding described above.

VII. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

COUNTY OF SAN BERNARDINO

Vista Pacifica

(Print or type name of corporation, company, contractor, etc.)

►
Dennis Hansberger, Chairman, Board of Supervisors

By ►
(Authorized signature - sign in blue ink)

Dated: _____

Name _____
(Print or type name of person signing contract)

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors
of the County of San Bernardino.

Title _____
(Print or Type)

Dated: _____

By _____
Deputy

Address _____

Approved as to Legal Form

Reviewed by Contract Compliance

Reviewed for Processing

►
County Counsel

►

►
Agency Administrator/CAO

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

SCHEDULE A

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED RATE
SCHEDULE "A" PLANNING ESTIMATES
REVISED FY 2002 - 2003**

SCHEDULE A

Page 1 of 1

Prepared by: Johnnetta Gibson
Title: Staff Analyst I

Contractor Name: Vista Pacifica
Address: 3674 Pacific Ave.
Riverside, CA. 92509
Date Form Completed: 4/23/2003

			Basic	Level A	Level B	Level C			
	PROVIDER NUMBER		0069	0069	0069	0069			
LINE	MODE OF SERVICE		5	5	5	5			TOTAL
#	SERVICE FUNCTION		35	35	35	35			
EXPENSES									
1	SALARIES								0
2	BENEFITS								0
3	OPERATING EXPENSES								0
4	TOTAL EXPENSES (1+2+3)								0
AGENCY REVENUES									
5	PATIENT FEES								0
6	PATIENT INSURANCE								0
7	MEDI-CARE								0
8	GRANTS/OTHER								0
9	TOTAL AGENCY REVENUES (5+6+7+8)								0
10	CONTRACT AMOUNT (4-9)		776,191	72,797	204,661	23,624			1,077,273
11	TOTAL CONTRACT UNITS		6,419	556	1,356	112			8,443
12	CONTRACT MONTHS		12	12	12	12			
13	RATE PER UNIT (10 / 11)		120.93	130.93	150.93	210.93			
14	UNITS PER MONTH (11 / 12)		535	46	113	9			
15	MONTHLY AMOUNT (13 * 14)		64,683	6,066	17,055	1,969			89,773

APPROVED:

_____ PROVIDER AUTHORIZED SIGNATURE	_____ DATE	_____ CONTRACTS MANAGEMENT	_____ DATE	_____ DBH PROGRAM MANAGER	_____ DATE
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